

Medicare Premium Payment of Qualified Medicare Beneficiaries

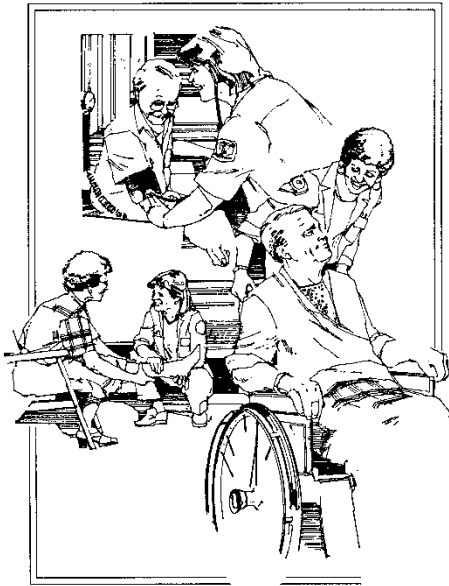
The Missouri Department of Social Services will pay Medicare premiums for the Supplemental Medical Insurance portion of Medicare (Part B) for Qualified Medicare Beneficiaries (QMB). The Department will also pay premiums, if any, for Medicare Hospital Insurance (Part A) for Qualified Medicare Beneficiaries. It will take approximately three months for the Department to begin paying the premiums. If premiums are currently deducted from your Social Security check, you can expect an increase on your check in approximately three months. The Department will pay the premiums effective the month following the approval date.

MO HealthNet Benefits for Qualified Medicare Beneficiaries

MO HealthNet (MHN) benefits for people who are Qualified Medicare Beneficiaries (QMB) are different from regular MHN benefits. The QMB program covers some services that are not included in the regular MHN program. Some services of the regular MHN program are not covered by the QMB program. All people who are eligible for QMB benefits must be enrolled in Medicare Part A (Hospital Insurance).

A Qualified Medicare Beneficiary (QMB) is eligible for the following benefits:

- Payment of Medicare premiums (Part B and, if applicable, Part A);
- MHN payment of the deductibles for Medicare covered services; and
- MHN payment of the coinsurance on the approved amount for any Medicare covered service.



This pamphlet will be helpful to you in understanding the benefits and limits of your MHN coverage in the QMB program. Keep it in a handy place so you can check on some of these services before you go to the doctor’s office, clinic, etc.

If you have a question about whether something can be paid for or has been paid, you should ask your doctor, the provider or supplier of the needed services or you may call or write the following address:

Participant Services  
PO Box 3535  
Jefferson City, MO 65102  
Phone: 1-800-392-2161

Each time medical services are needed, you must show a current QMB Identification Card to the provider (doctor, hospital, etc.). The provider must have information from a valid QMB Identification Card to be paid for any service(s). You must also furnish to the provider the name(s) and number(s) of any other medical insurance policies and proof of your Medicare Part A and/or Part B coverage.

You are free to choose any provider of Medicare services. You should ask if the provider is willing to accept you as a QMB patient before you receive the service.

QMB Pays For...

Deductibles and/or Coinsurance for Medicare covered services from the following types of providers:

- Inpatient Hospital
- Outpatient Hospital
- Mental Hospital (Psychiatric Inpatient and Outpatient)
- Nursing Home (SNF)
- Physician (M.D., D.Q. or Podiatrist)
- Nurse/Midwife
- Audiologist
- Independent Clinic
- Rehabilitation Center
- Home Health Agency
- Durable Medical Equipment Suppliers
- Independent Laboratory

- Independent X-Ray Service
- Ambulance (when medically necessary and no other transportation is available)
- Chiropractor
- Independent Physical Therapist
- Independent Occupational Therapist
- Independent Psychologist
- Independent Psychological Laboratory
- Ambulatory Surgical Center
- Hospice
- Rural Health Clinic

QMB Coverage Does Not Pay For Services From:

- Pharmacies
- Nursing Homes (ICF, ICF-MR, or SNF beyond Medicare approved days)
- Optometrists (Except in limited situations)
- Opticians
- Hearing Aid Specialists
- Dentists (Except in limited situations)
- Adult Day Health Care Providers
- Personal Care Service Providers

Additionally, QMB Coverage Does Not Pay For the Following Services:

- Cosmetic Surgery
- Custodial Care
- Routine Physical Check-ups
- Elective Sterilization
- Immunizations
- Hearing Aids
- Prescription Drugs (Self-Administered)

Your Identification Card

Your Qualified Medicare Beneficiary (QMB) Identification Card will normally be mailed on the first of the month. Use it for medical care obtained for the rest of the month.

- You must keep your card in a handy place. If you live alone, tell a relative or neighbor where you keep the card so they can find it in an emergency.
- You must never erase, add to or change any information that is on your card.
- You must never let anyone use your card. This is against the law.

Insurance

If you are covered by an insurance policy or a health plan that covers hospital or medical care, the benefits will have to be used or applied to the charges before MO HealthNet can consider payment. Make sure you give the doctor, hospital, etc., the name and address of the insurance company and the policy number so that the company can be billed before MHN.

Billing/Payment Requirements

You need to know that:

- You must take your QMB identification Card to the provider as proof of coverage.
- Providers do not have to accept payment from QMB. Make sure your provider is willing to accept your QMB card before you receive services.
- Providers who accept Medicare assignment and QMB cards cannot bill you for covered services.
- Providers who do not accept Medicare Assignment can bill you for any amount left over after Medicare and QMB pay.
- The doctor or provider can bill you for services not covered by the QMB program, as outlined in this pamphlet.

Review Process

You may contact the MO HealthNet Division, Participant Services Unit if:

- You are being billed incorrectly for a medical service you received while you were eligible for QMB benefits, or
- You disagree with the denial of a claim made on our behalf.

The MO HealthNet Division, Participant Services Unit has 30 days from the date of receipt of your inquiry to respond.

Hearing Process – Medical Claims

- You have a right to a hearing if you disagree with the MO HealthNet Division’s response to your medical claim inquiry.
- You also have a right to a hearing if the MO HealthNet Division does not respond to your medical claim inquiry within 30 days.
- You have 90 days to request a hearing if you disagree with the response or do not receive a response.
- If you do not request a hearing within 90 days, you lose your right to request a hearing.
- You may request a hearing by contacting the MO HealthNet Division at the address and phone number in this pamphlet.
- You may also submit a written request for a hearing to the local office of the Family Support Division who will forward the request to the MO HealthNet Division.

About Eligibility

If any of the following things change, YOU ARE REQUIRED BY LAW to notify the FSD office since this may change your eligibility for Qualified Medicare Beneficiary assistance.

- If you lose your eligibility for Medicare.
- If you or your spouse have a change in income: your income increases, decreases or come from a different place.

- If there is a change in your resources (If you buy, sell, or inherit real estate or get cash, bonds, notes, or mortgages,
- If you get divorced, widowed or married.
- If you change our address.

IF YOU FAIL TO REPORT ANY OF THE CHANGES LISTED ABOVE OR ANYTHING ELSE WHICH MIGHT CHANGE YOUR ELIGIBILITY, YOU ARE BREAKING THE LAW AND YOU COULD BE FINED OR GO TO JAIL.

Reviews

At least once every twelve months, the county office must determine if you are still eligible for assistance. You must cooperate with the eligibility specialist in the check of your continued eligibility.

Hearings – Eligibility

If you think you have been denied eligibility unfairly for any reason, you can call, write, or come in to the Family Support office and request a hearing within 90 days after the decision. You will get a letter telling you the time, date and place of the hearing at which you can tell your story or have it told by an attorney, a relative or a friend. You may also have a hearing before your case is closed if you wish.

If you think you have been denied eligibility unfairly because of your sex, race or national origin, you can send a written complaint to the county office, the State Family Support Division, or the Federal Department of Health and Human Services, stating the details of how and when you were discriminated against.

Missouri Department of Social Services

Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102

MO HealthNet Division  
P.O. Box 6500  
Jefferson City, MO 65102



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